

**Please Note: No changes may occur without completion of this form**

### **Paperless Timesheet Change**

Please complete this form anytime you are adding or removing an employee from an approval path or there is a change in supervision for any existing employee and forward to Payroll Supervisor by e-mail to:

[dhmh.payroll@maryland.gov](mailto:dhmh.payroll@maryland.gov) .

Agency Code: \_\_\_\_\_

TK Sort: \_\_\_\_\_ Name of Unit: \_\_\_\_\_

Agency Contact: \_\_\_\_\_  
Name Telephone number

Date Form Submitted: \_\_\_\_\_

#### **New Employee:**

Name: \_\_\_\_\_  
First Middle Initial Last  
(If this employee supervises please complete the section: **Change in Supervision**)

EIN (if known): \_\_\_\_\_ Email Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ EIN  
Name Telephone number

#### **Delete Employee:**

Name: \_\_\_\_\_  
First Middle Initial Last  
(If this employee supervises please complete the section: **Change in Supervision**)

EIN (if known): \_\_\_\_\_ Email Address: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Reason for Removal: \_\_\_\_\_

Supervisor: \_\_\_\_\_  
Name Telephone number

#### **Change in Supervision:**

##### **Remove Supervision from:**

Supervisor's Name: \_\_\_\_\_ EIN: \_\_\_\_\_

Employee Supervised: \_\_\_\_\_ EIN: \_\_\_\_\_

Employee Supervised: \_\_\_\_\_ EIN: \_\_\_\_\_

##### **Add Supervision to:**

Supervisor's Name: \_\_\_\_\_ EIN: \_\_\_\_\_

Employee Supervised: \_\_\_\_\_ EIN: \_\_\_\_\_

Employee Supervised: \_\_\_\_\_ EIN: \_\_\_\_\_

If you have any questions completing this form please contact the Payroll Department at 410-767-5544.

